

DELAYED (RETARDED) EJACULATION


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IS **DE** A DISEASE ?

- Girls are happy , where is the problem ?
- **Sometimes** , **DE** seems to be a good condition especially if the female partner requires a long time to reach orgasm, **BUT... ALWAYS**, it causes worry & troubles for both partners.



- ✗ The **male** often goes on for >30mts.with little sexual pleasure, and constantly worries about the end.
 - ✗ The **female** if already attained orgasm . She stops lubricating and the remainder of the sex act is painful .
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DE

- × Definition & prevalence
- × Types & etiology
- × Anejaculation
- × Complication of DE
- × How to avoid DE
- × TTT of DE
- × TTT of organic anejaculation

DEFINITION OF DE

- It is a persistent difficulty in achieving ejaculation after prolonged intercourse >30MIN
- ✗ **despite the presence of:**
 - adequate sexual desire,
 - adequate sexual stimulation ,
 - adequate erection .

DE

- ✗ Most men ejaculate within 3-8 minutes after intromission
 - ✗ **WHILE** in **DE**, latency may be up to 30 minutes with consequent distress
 - ✗ DE in general occurs in 1.5 in 1000 of general male population
 - ✗ While Acquired DE 3-4%
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TYPES OF DELAYED EJACULATION

- ***mild*** (men who still experience vaginal orgasm, but only under certain conditions),
moderate (cannot ejaculate during intercourse, but can during fellatio or manual stimulation),
severe (can ejaculate only when alone),
most severe (cannot ejaculate at all)

TYPES OF DE

× 1ry life long DE:


-As in life long PE , DE is due to :

Neurobiological Dysfunction

-DE starts from the puberty and

not changed with time or different partners.

✖ 2 ry DE (Acquired DE):

- ✖ It starts gradually or suddenly according to the underlying organic or psychological problems
 - ✖ Acquired DE can be cured by treating the underlying cause
 - ✖ May be intermittent & situational
 - ✖ Can masturbate up to ejaculation
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CAUSES OF DE.

✗ The most common causes for DE are:

✗ PSYCHOGENIC causes

- ✗ 1-A rigid religious background causing the person to view sex as sinful
- ✗ 2-Lack of attraction for a partner
- ✗ 3- جاد عَمِيرَة Conditioning caused by atypical masturbation pattern (strong pressure)
- ✗ .

(CONT.)

4-Traumatic events


(discovered during masturbation or illegal sex)

5-Anger toward the partner.

6-Male **emotions** during sex :

(**Angery** , **Depressed** , **Anxious** or **Afraid**)

all those sensations activate the sympathetic nervous system, which in turn blocks the arousal needed to reach orgasm




(CONT.)

@PSYCH.THEORIES OF DE

- × Anal block
- × Sperm retention
- × Autosexual orientation

@PERSONALITY OF DELAYED EJACULATORS:

- × Overcontrolled ,weak personality
 - × Obstinate
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Organic causes

-Drugs :.

SSRI , mellaril,
guanethidine.

Alpha blockers

-Endocrinal causes:

hypothyroidism
diabetes



(CONT.)

LUTS

(ch.prostatitis & ch. pelvic pain synd.) related to **DE**

(J Urol. 2006 Oct. , Urology. 2008 Jan.)

-Neurological diseases:

strokes, nerve damage and (**S C**) transection above S2

-AGEING:

- * semen vol. & testosterone h.
- * ↓ contractility of (prost., SV. Vas)
- * “Lost penis” syndrome (multipara)

NB. Physical and psychological factors often co-exist

- The severe form **DE**

- is

TRUE Anejaculation

ANORGASMIA

ANORGASMIA (ANEJACULATION)

× Definition:

Persistent or frequent absence of orgasm after normal phase of sexual intercourse

× The prevalence : 8-14% Of DE.

× The risk factors:

Psychological

Neurological

Drug related



Anejaculation

Organic Anejaculation

-**Never ejaculated** in : wet dreams, masturbation, or intercourse

-may be due to :

-NEUROLOGICAL CAUSE eg. ejaculatory nerves damage

-Drug related (alpha blockers tamsolucin , silodosin)

Psychological Anejaculation

A-Situational anejaculation

- can ejaculate in some situations but not in others (partner)
- can ejaculate during masturbation but not in intercourse.
- occur in stressful situations, (to get a semen sample)

B-Total anejaculation:

- Never ejaculate when awake.
- Deep psychological conflicts are the cause.
- Have normal nocturnal (night) sleep emissions

Psychological causes of anorgasmia :

- performance anxiety
- stress
- problems in relationship
- past sexual trauma or abuse
- negative attitudes about sex
- guilt about sex

Organic causes of anorgasmia :

- medications
- diabetes
- hypertension
- excessive drug and alcohol use
- chronic pain
- spinal cord injury
- multiple sclerosis
- hormonal problems

COMPLICATIONS OF DE

- Marital stress,
- Sexual dissatisfaction,
- Inhibited sexual desire
- Avoidance of sexual contact

How to prevent & avoid DE ?

- 1- Healthy attitudes toward :
 - @sexuality and
 - @ one's own genitals
- 2- Harder trials to have a sexual response, lead to its inhibition.

HOW TO PREVENT & AVOID DE ?

- × 1- Healthy attitudes toward :
 - × @sexuality and
 - × @ one's own genitals
- × 2- Harder trials to have a sexual
 - × response, lead to its inhibition.

3- To minimize the pressure:

- **The husband** should absorb himself in the pleasure of the moment, without worrying about whether or when he will ejaculate.
- **The wife** should create a relaxed atmosphere, free of pressure, rather than create pressure with questions about whether or not ejaculation has occurred.

4- Any fears or anxieties, such as fear of pregnancy or disease, should be openly discussed

TTT OF DE

- × A-TTT OF THE CAUSE:
- × B-TTT OF PSYCHOGENIC *DE*
BEHAVEORAL THERAPY
- × C- Empirical drug therapy

TTT OF DE

✗ *A-TTT OF THE CAUSE:*

- **LUTS** (ch prostatitis , ch pelvic pain syndrome or BPH)
- Hypothyroidism
- If drug related **stop this drug**
- Neurobiological cause (**ROBOXETINE**)

ROBOXETINE(EDRONAX)Pfizer CO.

- × Dose : 4mg twice daily
- × MODE OF ACTION:
 - Increased intensity of orgasm
 - quicken ed ejaculation
 - It is an antidepressant
 - It is a **noradrenalin** reuptake inhibitors
 - It does not inhibit reuptake of serotonin
- × SIDE EFFECTS:
 - Anticholinergic effect(dry mouth ,constipation ,insomnia ,sweating)
- × Rare side effect:
 - anxiety,
 - loss of appetite& libido
 - urinary retention
 - painful ejaculation

(ESSM,2009 LEON FRANCE)

B-TTT OF PSYCHOGENIC DE

BEHAVEORAL THERAPY OF DE

1-EDUCATION OF THE COUPLE

2-Progressive desensitization

(Sensate focus program)

3-Stimulation and temporary inattention

BEHAVEORAL THERAPY OF DE

1-EDUCATE THE COUPLE:

- The importance of sexual response
- How to communicate
- To start after short period of abstinence

2-Progressive desensitization

Non genital stim.to minimize performance anxiety & to maximize focus on pleasure

3-Stimulation and temporary inattention

Stim. by any means up to orgasm when inattentive to feel its pleasure & to get its experience

C- EMPIRICAL DRUG THERAPY FOR DE

✕ Off label indication for DE

1-Ephedrin	15-60 mg ,	one hour	before
2-Pseudoephedrin	60-120mg,	2 hours	before
3-Desipramine	25-50mg	half an hr.	before
4-Yohimbine	20-40mg	1hr empty	before
5-Cyproheptadine	4-12mg	1.5hours	before

(BJU INTERNATIONAL ,2005)

EXCITING POSITIONS

✧ Super stimulation/bridging technique:

Women underneath holding penis & testicles

(BJU INTERNATIONAL, 2005)

TTT OF ORGANIC ANEJACULATION

(not s.c.injection)

MEDODRINE

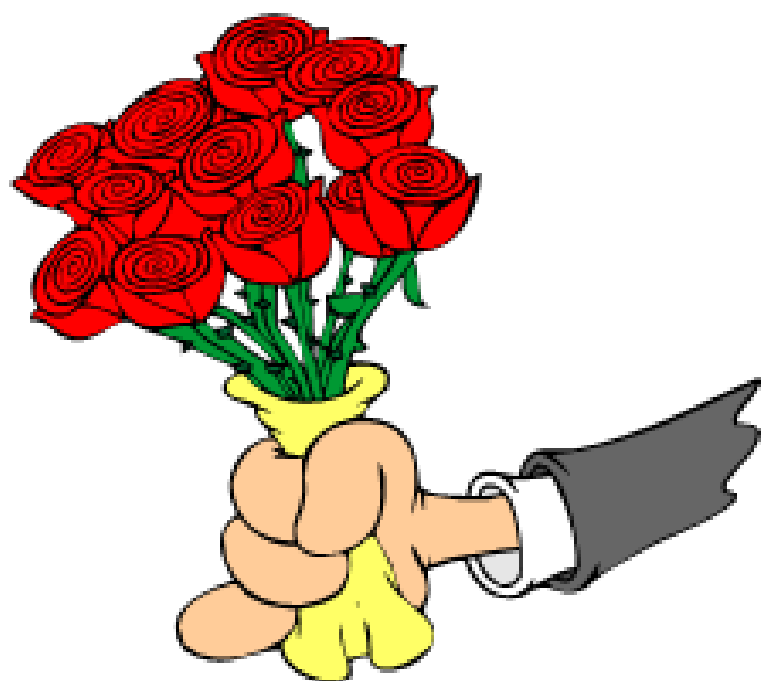
- ✗ It is an alpha1-adrenergic receptors agonist
- ✗ Dose 7.5-15mg orally daily
- ✗ **Safarenijad** (2009) found that the results of its use in anejaculation patients will be:

Antegrade 30%

Retrograde 13%

Both 14%

(Int J Impot Res 2009 ,21(4))



***Thank
You***